

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 13, 1985

ALL-COUNTY LETTER NO. 85-115

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOUR COURT CASES (NORTH COAST COALITION v. WOODS, WOOD v. WOODS,
WRIGHT v. WOODS and ANGUS v. WOODS): NOTICES OF CLAIM ACTION

REFERENCE: MPP SECTION 50-014
ALL-COUNTY LETTER NO. 85-104

Attached are reproducible copies of the 26 Notices of Claim Action that must be used for informing claimants of the disposition of their claims. Twenty-two of these notices are for denying claims and four are for requesting information or verification. The eight Notices of Claim Actions and the thirteen computation pages that must be used for approving benefits were transmitted to you in All-County Letter No. 85-104.

This letter transmits copies of only the English version of these notices. The Spanish translation of these notices will be forthcoming. We have attempted to develop notices for the majority of case situations; however, the notices provided may not be all inclusive. For those less common situations, you will need to develop additional notices to meet individual case circumstances. The Department has developed a general notice and a general continuation page that you may use when you need to develop additional notices. The general continuation page is to be used only as an attachment to a notice, and is not to be used alone.

A new Notice of Action Back (NA Back Four Court Cases) has been designed to be used with these notices. This NA Back must be reproduced on the reverse side of the denial notices. This NA back is not to be reproduced on the reverse side of the notices requesting information/proof. When reproducing the Continuation Pages, leave the reverse side blank. In the event that it is necessary to send more than one denial notice related to a specific court case to a claimant, with the exception of the "Information/Denial - Wrong County" notice, all notices must be sent to the claimant at the same time.

This letter contains an index which provides you with a complete listing of the notices and the instructions for completing the notices transmitted by this letter.

If you have any questions, please contact Joe Carleton of the AFDC Program Development Bureau at (916) 324-2016 or ATSS 454-2016.

A handwritten signature in dark ink, appearing to read "Robert A. Horel", written in a cursive style.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

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Instructions for Completing Notices

1. General Instructions

- a. Place a check mark in the box corresponding to each claim month/year for which the notice applies.
- b. Attach to the notice all additional pages as appropriate to provide substantiation for the purpose of the notice. These additional pages may include, but are not limited to, other documents supporting the reason and continuation pages.
- c. Clearly number all pages.
- d. In the event that more than one reason for denial exists for the same claim month, to the extent possible, combine the appropriate messages on the "Four Court Cases - General Notice". If the messages cannot be contained on the General Notice, separate notices should be used.
- e. Separate notices must be used for each claim month being denied when the reasons are different for each month.
- f. When a denial is for only a portion of the months being claimed, the notice must contain the following statement (use the correct tense):

"The rest of your claim is being/has been processed. You will receive/have received other notices telling you about the rest of your claim."

2. Denials - Withdrew Claim and Late Claim

- a. Fill in the appropriate title of the court case claimed in the space contained within the quotation marks. Use the header of the claim form (e.g., "When a stepparent lived with you...") for the title of the case.
- b. Fill in the appropriate case name in the space provided.

3. Denials - Not Class Member (Claimant's Statement)

- a. Under "Here's Why", place a check mark in the box preceding each statement corresponding to the question(s) on the claim form in which the claimant checked "No".

4. Information/Denial - Wrong County

- a. Fill in the appropriate title of the court case claimed in the space contained within the quotation marks. Use the header of the claim form (e.g., "When a stepparent lived with you..."), for a title of the case.
- b. Fill in the appropriate case name in the space provided.
- c. Check the appropriate box which informs the claimant of the action being taken.
- d. When forwarding the claim to another county, provide the name of the other county.
- e. When denying the claim because the appropriate county is not known, fill in the appropriate date by which the claimant must resubmit the claim to the correct county as specified in MPP Section 50-014.315(b). The claim form must also be returned to the claimant with the notice.
- f. When only a portion of the months claimed is being forwarded or denied, the notice must also contain the following statement (use the correct tense):

"We have processed/are processing the rest of your claim. You have received/will get other notices telling you about the rest of your claim"

5. Request for Information/Proof

- a. The NA Back-Four Court Cases is not to be copied on the reverse side of these requests.
- b. Fill in the appropriate title of the court case claimed in the space contained within the quotation marks. Use the header of the claim form (e.g., "When a stepparent lived with you...") for the title of the case.
- c. Fill in the appropriate case name in the space provided.
- d. Fill in the date by which the response is due.
- e. When the request is being sent because the claim was incomplete or inconsistent, specify exactly what information is needed or what information requires clarification. Attach a copy of the claim form with the item(s) needing completion or clarification circled in order to help the claimant understand what is being requested. If more space is needed in order to state what information is needed or to be clarified, use the "Four Court Cases - General Continuation Page" to complete the request.

9. Denials - Received Maximum Aid/Cash Greater

- a. It will be necessary to use more than one notice when the months being denied exceed six. Each month being denied must be supported by the completion of the calculation for the month being denied.
- b. The months being denied may encompass the entire period claimed or a portion thereof.
- c. Use as many notices as necessary to cover all months being denied. Clearly number all pages.
- d. Complete the calculation from the information contained in the case file.

10. Denials - Not Eligible for AFDC/Collateral Contact/Overpayment Refunded

- a. For those North Coast Coalition v. Woods or Wood v. Woods claim month(s) being denied because the claimant did not meet the basic eligibility criteria when the claimant was denied or discontinued, place a check mark in the box preceding the reason(s). When the reason is income ineligibility, fill in the spaces regarding the claimant's family size, the maximum average monthly income level allowable for that family size, what the average monthly income was, and the amount of the annual income.

A separate notice must be sent when there is any change in the claimant's family size or income which causes the calculation to change.

- b. For those Wright v. Woods claim month(s) being denied because the collateral contact did not confirm the claimant's statement as to when his/her income stopped or dropped, the notice must provide in the section "Here's what we found out:": (1) the source contacted; (2) what that source stated; and, (3) how that compared to the claimant's statement.

Example:

"You stated on your claim form that your unemployment insurance started in March 1979 and stopped in August 1979. When we contacted the Employment Development Department, they told us that your unemployment insurance stopped in June 1979. This is the reason we denied your claim for the months of September and October 1979."

When more than one collateral contact is the basis of the denial for the same claim month, a separate explanation must be provided for each contact. Use the "Four Court Cases - General Continuation Page" to provide the additional explanation(s). Clearly number all pages.

- f. When the request is being sent to obtain the needed verification, check the appropriate box(es) informing the claimant of what verification is being requested. Attach a copy of the claim form with the item(s) needing verification circled in order to help the claimant understand what proof is needed. In addition, the General Continuation Page - "Claimant's Statement (Proof not Available)" must be attached to the request to make this notice a valid request.

6. Denials - Failure to Provide Information/Proof

- a. Fill in the appropriate title of the court case claimed in the space contained within the quotation marks. Use the header of the claim form (e.g., "When a stepparent lived with you...") for the title of the case.
- b. Fill in the appropriate case name in the space provided.
- c. Fill in the date that the notice requesting the information/verification was sent.
- d. Specify the requested information/verification that was not provided by the claimant. If more space is needed to state what was not provided, use the "Four Court Cases - General Continuation Page" to complete the notice.
- e. Fill in the final date given to the claimant for providing the information/verification. In the event a claimant requested an extension of time, with good cause, this date would be the extended deadline(s) specified in MPP Section 50-014.435.

7. Denial - No Record of Claimant

- a. Fill in the appropriate title of the court case claimed in the space contained within the quotation marks. Use the header of the claim form (e.g., "When a stepparent lived with you...") for the title of the case.
- b. Fill in the appropriate case name in the space provided.

8. Denials - Not Class Member (Case Record)

- a. Under "Here's why", place a check mark in the box preceding each statement that applies to the claimant. NOTE: For Angus v. Woods, claimants being denied because the claimant's grant plus cash exceeded both their housing/utility costs and MBSAC for the number of children, use Notice #22, "Cash Greater than MBSAC/Housing and Utility Costs".

The reason(s) of the denial must be specific to the claim month(s) being denied. A separate notice must be sent for the month(s) being denied when the source of the claimant's income changed.

- c. For those Angus v. Woods claim month(s) being denied because the amount of the overpayment recouped in the Angus claim month was used in the claimant's North Coast Coalition v. Woods or Wood v. Woods retroactive computation, fill in the appropriate title of the court case in which the overpayment was refunded in the space contained within the quotation marks. The title of the court case is the header of the claim form (e.g., "When a stepparent lived with you...").

Fill in the appropriate case name in the space provided.

Fill in the amount of the overpayment that was used in the computation in the column designated "we used: (amount)".

Place next to the amount, in the column designated "to figure your back aid in: (Month/year)", the North Coast Coalition or Wood claim month and year in which the recouped overpayment was used in that retroactive benefit computation.

Place the month and year of the Angus claim month being denied in the column designated "which was collected in (month/year)".

When more than nine claim months are involved, use as many notices as are necessary to cover all of the Angus claim months being denied.

Clearly number all pages.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Withdrew Claim

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for: "_____

_____ "

(_____ v. **Woods**),
for those months and years checked to the right.

We have denied your claim because you withdrew it.

You can reapply on or before February 28, 1986.

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Regulations. These rules apply in your case:
Policy Manual Section 50-014

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Late Claim

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for: "_____

_____ "

(_____ v. **Woods**),
for those months and years checked to the right.

We have denied your claim because you submitted it late.

The deadline for applying for backaid was February 28, 1986.

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Regulations. These rules apply in your case:
Policy Manual Section 50-014.314

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for "When an unrelated adult lived with you" (North Coast Coalition v. Woods).

We have denied your claim for those months and years checked to the right because you checked "No" to a shaded question on the front page of the claim form. This means that the court ruling does not apply to you.

Here's why:

- ☐ You had to get AFDC or have such aid denied you sometime between August 1976 and September 1980. You said you didn't.
- ☐ You had to have an unrelated adult (a man unrelated to you and older than 17) living with you sometime between August 1976 and September 1980. You said you didn't.
- ☐ Your AFDC aid had to be stopped, reduced, or denied because the man shared expenses with you sometime between August 1976 and September 1980. You said it wasn't.

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Regulations. These rules apply in your case:
Policy Manual Section 50-014.412

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When a stepparent lived with you . . . ” (Wood v. Woods).

We have denied your claim for those months and years checked to the right because you checked “No” to a shaded question on the front page of the claim form. This means that the court ruling does not apply to you.

Here’s why:

- ☐ You had to get AFDC aid or have such aid denied you sometime between January 1980 and September 1981. You said you didn’t.
- ☐ You had to have a stepparent to your children living with you sometime between January 1980 and September 1981. You said you didn’t.
- ☐ Your AFDC aid had to be stopped, reduced, or denied sometime between January 1980 and September 1981 because part of the stepparent’s income was used for the support of your children living with you. You said it wasn’t.
- ☐ The stepparent or any of his/her children living with you could not get AFDC aid during the time the stepparent’s income was used for the support of your children. You said they did get aid.

	1980	1981
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept.		
Oct.		
Nov.		
Dec.		

Regulations. These rules apply in your case:
Policy Manual Section 50-014.412

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid "Because your income dropped" (Wright v. Woods).

We have denied your claim for those months and years checked to the right because you checked "No" to a shaded question on the front page of the claim form. This means that the court ruling does not apply to you.

Here's why:

- ☐ You had to get AFDC aid sometime between July 18, 1976 and December 31, 1980. You said you didn't.
- ☐ You or anyone for whom you got AFDC aid had to have outside income while you got AFDC aid sometime between July 18, 1976 and December 31, 1980. You said no one did.
- ☐ You or anyone for whom you got AFDC aid had to have the outside income stop or drop while you got AFDC aid sometime between July 18, 1976 and December 31, 1980. You said it didn't.

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Regulations. These rules apply in your case:
Policy Manual Section 50-014.412

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for "When we said we overpaid' you . . ." (Angus v. Woods).

We have denied your claim for those months and years checked to the right because you checked "No" to a shaded question on the front page of the claim form. This means that the court ruling does not apply to you.

Here's why:

- ☐ You had to get AFDC aid sometime between September 1977 and December 1980. You said you didn't.
- ☐ You had to have your AFDC aid lowered sometime between September 1977 and December 1980 because we said we "overpaid" you while you got AFDC aid. You said it wasn't.
- ☐ We had to have claimed that the overpayment was willful (overpayment by intentionally not giving us all of the facts we needed or giving us facts that were not true). You said this didn't happen.
- ☐ The amount of your AFDC aid plus other income you got when your AFDC aid was lowered because of the overpayment had to be either less than the amount of your housing and utility costs or less than the amount of money that the law said you needed to meet the needs of the children living in your home. You said that neither of these things happened.

	1977	1978	1979	1980
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

Regulations. These rules apply in your case:
Policy Manual Section 50-014.412

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Angus v. Woods - Denial - Not Class Member (A)(6)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Claim Sent to Wrong County

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for “ _____

_____ ”

(_____ v. Woods).

We can't process your claim because it must go to the county which either aided you or which you applied to for aid during the months and years checked to the right.

From the information you put on the claim form about where you lived during this time:

☐ We were able to determine that _____ County was the county that either aided you or to which you applied for aid during the months and years checked. We've sent your claim there to be processed. You have filed your claim in time to be considered for back aid.

☐ We have denied your claim for the months and years checked because we don't know which county either aided you or which you applied to for aid. We're returning your claim so that if you do know which county either aided you or to which you applied for aid, you can send the claim to them. You must send the claim to the right county by ____/____/____. Attach a

(Date)

copy of this notice to your claim when you send it to the right county.

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Regulations. These rules apply in your case:
Policy Manual Section 50-014.42

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Four Court Cases v. Woods - Info./Denial - Wrong County (7)

Date of Notice:

Page 1 of ____

“Welfare May Owe You Money” Claim Action- REQUEST: Need More Information

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for: "

(_____ v. Woods.)

Please help us help you. We can't process your claim because you did not give us all of the information we need.

On the copy of your claim form which is attached to this notice, please fill in the information we need. For us to process your claim properly, you must either return the completed claim form to us, or tell us why you need more time, within thirty days (by / /).

(Date)

If we don't hear from you by this deadline, your claim may be denied.

If you have any questions or need help in getting the information we need, please call the worker listed above.

You will be sent a new notice telling you of any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Section 50-014.431 and .433

You may review them at your welfare office.

Four Court Cases - Request for Information - Incomplete Claim (8)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action- REQUEST: Need To Know Which Information You Gave Us Is Correct

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for: “_____”

_____”

(_____ v. Woods).

Please help us help you. We can't process your claim because the information you gave us on the claim form doesn't match other information you gave us.

We need to know which is correct.

Please give us the right information.

You can do this by correcting whichever response is not right on the copy of your claim form which is attached to this notice or write to us and tell us which information is correct.

For us to process your claim properly, you must give us the correct information or tell us why you need more time within thirty days (by ____/____/____).
Date

If we don't hear from you by this deadline, your claim may be denied.

If you have any questions or need help in getting the information we need, please call the worker listed above.

You will be sent a new notice telling you of any action we take because of your response to this request.

WHICH OF THE FOLLOWING IS CORRECT?

or

or

Regulations. These rules apply in your case:
Policy Manual Section 50-014.432 and .433

You may review them at your welfare office.

Four Court Cases - Request for Information - Inconsistent Claim (9)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action- REQUEST: Need Proof

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for: “_____”

(_____ v. Woods).

Please help us help you. We can't process your claim because we must have proof of the information checked to the right, for the time you said your aid was denied or stopped.

If you don't have the proof we need and you can't get it, you must sign a statement on the attached form telling us why the proof is not available to you.

For us to process your claim properly, you must either give us the proof we need or the signed statement, or you must tell us why you need more time. You must do so within thirty days (by _____/_____/_____.
(Date)

If we don't hear from you by this deadline, your claim for the months and years in which your AFDC cash aid was denied or stopped may be denied.

If you have any questions or need help in getting the proof we asked for, please call the worker listed above.

You will be sent a new notice telling you of any action we take because of your response to this request.

WE NEED PROOF OF:

- ☐ The birth dates of the children who are listed on the copy of your claim form that is attached to this request.

Examples of the proof we need include copies of birth certificates, baptismal certificates, school records, or other records showing each child's date of birth.

- ☐ The gross income which is listed on the copy of your claim form that is attached to this request.

The proof we need is a copy of either the federal or state tax return.

Regulations. These rules apply in your case:
Policy Manual Section 50-014.433

You may review them at your welfare office.

Four Court Cases - Request for Proof (10)

Page 2 of _____

Case Name:
Case Name:

☐ The gross income which is listed on my claim form is not available to me because _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.[illegible]

Date:

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Did Not Provide Information Requested

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “ _____

_____ ”

(_____ v. Woods).

We have denied your claim for those months and years checked to the right because on ____/____/____
(Date)
we asked you to give us information about:

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Without this information, we couldn't process your claim.

You didn't send it or ask us for more time by ____/____/____,
(Date) the final deadline we gave you.

Regulations. These rules apply in your case:
Policy Manual Section 50-014.438

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Page 1 of _____

•

Phone :

Table 1

we asked you to give us information about:

[illegible]

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Four Court Cases - Denial - Failure to Provide Clarification (12)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Did Not Provide Proof Requested

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “ _____

_____ ”

(_____ v. Woods).

We have denied your claim for those months and years checked to the right because on ____/____/____
(Date)

we asked you to give us proof of:

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

or the statement signed under penalty of perjury that the proof is not available to you.

Without this information, we couldn't process your claim.

You didn't submit either, and you did not ask for more time by ____/____/____, the final deadline we gave you.
(Date)

Regulations. These rules apply in your case:
Policy Manual Section 50-014.438

You may review them at your welfare office.

Four Court Cases - Denial - Failure to Provide Proof (13)

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: We Have No Record Of Your Case

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for: “_____”

_____”

(_____ v. **Woods**),
We have denied your claim for those months and years checked to the right because you stated on the claim form that we were the county that stopped, reduced or denied your AFDC aid. But, we do not have any record of you getting AFDC aid or having that aid stopped or denied by us.

We have all of the AFDC records (i.e., case files and lists of who received aid payments) for the months and years checked.

We have searched those records without finding any reference to your case.

	1976	1977	1978	1979	1980	1981
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

Regulations. These rules apply in your case:
Policy Manual Section 50-014.441

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Four Court Cases - Denial - No Record of Claimant (14)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When an unrelated adult lived with you” (**North Coast Coalition v. Woods**).

We have denied your claim for those months and years checked to the right because our records show that the court ruling does not apply to you.

Here’s why:

- ☐ You had to get AFDC or have such aid denied you sometime between August 1976 and September 1980. You said you didn’t.
- ☐ You had to have an unrelated adult (a man unrelated to you and older than 17) living with you sometime between August 1976 and September 1980. Our records show that you didn’t.
- ☐ Your AFDC aid had to be stopped, reduced, or denied because the man shared expenses with you sometime between August 1976 and September 1980. Our records show that this did not happen.

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Regulations. These rules apply in your case:
Policy Manual Section 50-014.533(a)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

North Coast Coalition v. Woods - Denial - Not Class Member(B)(15)

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action-DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for "When a stepparent lived with you . . ." (Wood v. Woods).

We have denied your claim for those months and years checked to the right because our records show that the court ruling does not apply to you.

Here's why:

- ☐ You had to get AFDC or have such aid denied you sometime between January 1980 and September 1981. Our records show that you didn't.
- ☐ You had to have a stepparent to your children living with you sometime between January 1980 and September 1981. Our records show that you didn't.
- ☐ Your AFDC aid had to be stopped, reduced, or denied sometime between January 1980 through September 1981 because part of the stepparent's income was used for the support of your children living with you. Our records show that it wasn't.
- ☐ The stepparent or any of his/her children living with you could not get AFDC aid during the time the stepparent's income was used for the support of your children. Our records show that they did.

	1980	1981
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept.		
Oct.		
Nov.		
Dec.		

Regulations. These rules apply in your case:
Policy Manual Section 50-014.633(a)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Wood v. Woods - Denial - Not Class Member(B)(16)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid “Because your income dropped” (Wright v. Woods).

We have denied your claim for the months and years checked to the right because our records show that the court ruling does not apply to you.

Here’s why:

- ☐ You had to get AFDC aid sometime between July 18, 1976 and December 31, 1980. Our records shows that you didn’t.
- ☐ You or anyone for whom you got AFDC aid had to have outside income while you got AFDC aid sometime between July 18, 1976 and December 31, 1980. Our records show that no one did.
- ☐ You or anyone for whom you got AFDC aid had to have the outside income stop or drop while you got AFDC aid sometime between July 18, 1976 and December 31, 1980. Our records show that it didn’t.

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Regulations. These rules apply in your case:
Policy Manual Section 50-014.723(a)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Not A Class Member

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When we said we ‘overpaid’ you . . .” (Angus v. Woods).

We have denied your claim for the months and years checked to the right because our records show that the court ruling does not apply to you.

Here’s why:

- ☐ You had to get AFDC aid sometime between September 1977 and December 1980. Our records show that you didn’t.
- ☐ You had to have your AFDC aid lowered sometimes between September 1977 and December 1980 because we said we “overpaid” you while you got AFDC aid. Our records show that it wasn’t.
- ☐ We had to have claimed that the overpayment was willful (overpayment caused by intentionally not giving us all of the facts we needed or giving us facts that were not true). Our records show that we did not claim the overpayment was willful.

	1977	1978	1979	1980
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

Regulations. These rules apply in your case:
Policy Manual Section 50-014.822(a)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

"Welfare May Owe You Money" Claim Action - DENIAL: Received Maximum Aid

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for "When an unrelated adult male (UAM) lived with you . . . " (**North Coast Coalition v. Woods**).

than what this court ruling would allow you (A). This means that you already got the maximum AFDC aid you were entitled to get. In such a case, you are not eligible for back aid.

We have denied your claim for the months and years show on the chart below because the AFDC aid you already got (B) is the same or higher

Our Records Show For (month/year):	/	/	/	/	/	/
Total earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less the \$30 & 1/3 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less mandatory deductions:*	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less work-related expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less child care expense:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Less child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Total net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Maximum aid for ____ persons:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less total net nonexempt income: ..	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less overpayment recoupment:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less allowable income from UAM:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus refund of overpayment recouped because of UAM:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
(A) Aid you are entitled to:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
AFDC grant issued:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Plus sup. payment you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Plus underpayment correction you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
(B) AFDC aid you already got:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

(*Income Tax, Social Security, Disability Insurance)

Regulations. These rules apply in your case:
Policy Manual Section 50-014.536(e)(1)

You may review them at your welfare office.

North Coast Coalition v. Woods - Denial - Received Maximum Aid (19)

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Received Maximum Aid

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When a stepparent lived with you . . .” (Wood v. Woods).

We have denied your claim for the months and years show on the chart below because the AFDC aid you already got (B) is the same or higher

than what this court ruling would allow you (A). This means that you already got the maximum AFDC aid you were entitled to get. In such a case, you are not eligible for back aid.

Our Records Show For (month./year):	/	/	/	/	/	/
Total earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less the \$30 & 1/3 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less mandatory deductions:*	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less work-related expenses!*	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less child care expense:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Less child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Total net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Maximum aid for ____ persons:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less total net nonexempt income: ..	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less overpayment recoupment:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less allowable income from the Stepparent:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus refund of overpayment recouped because of the Stepparent:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
(A) Aid you are entitled to:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
AFDC grant issued:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Plus sup. payment you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Plus underpayment correction you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
(B) AFDC aid you already got:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

(*Income Tax, Social Security, Disability Insurance)

Regulations. These rules apply in your case:
Policy Manual Section 50-014.636(e)(1)

You may review them at your welfare office.

Wood v. Woods - Denial - Received Maximum Aid (20)

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Received Maximum Aid

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid “Because your income dropped . . .” (Wright v. Woods).

We have denied your claim for the months and years show on the chart below because the AFDC aid you already got (B) is the same or higher

than what this court ruling would allow you (A). This means that you already got the maximum AFDC aid you were entitled to get. In such a case, you are not eligible for back aid.

Our Records Show:

	/	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
Total earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less the \$30 & 1/3 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less mandatory deductions:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, Disability Insurance)						
Less work-related expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less child care expense:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Plus other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Less child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Total net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Maximum aid for ____ persons:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less total net nonexempt income: ..	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Less overpayment recoupment:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(A) Aid you are entitled to:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
AFDC grant issued:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Plus sup. payment you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Plus underpayment correction you got:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
(B) AFDC aid you already got:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply in your case:
Policy Manual Section 50-014.725(d)(1)

You may review them at your welfare office.

Wright v. Woods - Denial - Received Maximum Aid(21)

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Cash Greater Than The Needs Of The Children Or Housing/Utility Costs

If you have any questions or want more information about this action, please contact your worker.

Case Name :

Case Number:

Worker :

Phone :

You have claimed back aid for “When we said we ‘overpaid’ you . . .” (**Angus v. Woods**).

The amount of your AFDC aid plus other income you got had to be less than the amount of your housing and utility costs or the amount of money the law said you needed to meet the needs of the children living in your home.

We have denied your claim for the months and years shown on the chart below because this didn’t happen to you.

In such a case, you are not eligible for back aid.

Our Records Show:

A. The need level for the
_____ kids living in your
home who got AFDC aid:

Your housing costs:

Plus utility costs:

B. Total costs:

We figured your cash for
the month(s) shown as
follows:

The AFDC grant you got:

Plus underpayments you got: ...

Plus net nonexempt income:

Plus exempted income:

C. Total cash you had:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply in your case:
Policy Manual Section 50-014.827(a)(5)(A) and (6)(A)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Angus v. Woods - Denial - Cash Greater Than MBSAC/Housing and Utility Costs (22)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Were Not Eligible for AFDC

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When an unrelated adult male lived with you” (**North Coast Coalition v. Woods**).

We have denied your claim for those months and years checked to the right because the information you gave us on your claim form shows that you do not meet the basic AFDC eligibility test and your AFDC aid would have been denied or stopped for reasons not related to this court ruling.

Here's why:

- ☐ You didn't have a child under 18 years old living in your home.
- ☐ Your average monthly income was too high. For you to get back aid, your average monthly income had to be less than \$ _____.

It was \$ _____ . (\$ _____ ÷ 12)

That was more than the allowable amount for your family size of _____.
(We counted you and the number of children under 18 living with you to figure your family size.)

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Regulations. These rules apply in your case:
Policy Manual Section 50-014.545(e)(2)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - DENIAL: Were Not Eligible for AFDC

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :

You have claimed back aid for “When a stepparent lived with you” (Wood v. Woods).

We have denied your claim for those months and years checked to the right because the information you gave us on your claim form shows that you do not meet the basic AFDC eligibility test and your AFDC aid would have been denied or stopped for reasons not related to this court ruling.

Here’s why:

- ☐ You didn’t have a child under 18 years old living in your home.
- ☐ Your average monthly income was too high. For you to get back aid, your average monthly income had to be less than \$ _____.

It was \$ _____ . (\$ _____ ÷ 12)

That was more than the allowable amount for your family size of _____ .
(We counted you and the number of children under 18 living with you to figure your family size.)

	1980	1981
Jan.		
Feb.		
Mar.		
Apr.		
May		
June		
July		
Aug.		
Sept.		
Oct.		
Nov.		
Dec.		

Regulations. These rules apply in your case:
Policy Manual Section 50-014.645(e)(2)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Wood v. Woods - Denial - Not Eligible for AFDC (24)

Page 1 of _____

• If you have any questions or want more information about this action, please contact your worker.

• Case Name :
• Case Number:
• Worker :
• Phone :

[illegible]

	1976	1977	1978	1979	1980
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Wright v. Woods - Denial - Collateral Contact Not Class Member) (25)

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action- DENIAL: Overpayment Already Refunded

If you have any questions or want more information about this action, please contact your worker.

Case Name :
Case Number:
Worker :
Phone :

You have claimed back aid for “When we said we ‘overpaid’ you . . . ” (Angus v. Woods).

We have denied your claim because our records show that we’ve already returned to you the amount of the overpayment we collected during the months and years checked to the right.

We did so when we figured the amount of the back aid under your claim for “_____

(_____ v. Woods).

Our records show:

We used: (Amount)	to figure your back aid in: (month/year)	which was collected in: (month/year)
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____
\$ _____	_____/____	_____/____

	1977	1978	1979	1980
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

Regulations. These rules apply in your case:
Policy Manual Section 50-014.825(b)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action -

-
- *If you have any questions or want more information about this action, please contact your worker.*

Case Name :

Case Number:

Worker :

Phone :

Description of the Action, Amount, Reason(s), Comments.

Regulations. These rules apply in your case:
Policy Manual Section: Section 50-014.

You may review them at your welfare office.

Four Court Cases - General Notice

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

Date of Notice:

Page 1 of _____

“Welfare May Owe You Money” Claim Action - Continued

Case Name :

Case Number :

Regulations. These rules apply in your case:
Policy Manual Section: Section 50-014.

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.